



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Affidavit in Lieu of Birth Certificate

Child's Name:

(First)

(Middle)

(Last)

Date of Birth:

Place of Birth:

Mother's Name:

(First)

(Middle)

(Last)

Father's Name:

(First)

(Middle)

(Last)

I, _____, certify the above information is true
and correct to the best of my knowledge.

Signature

Relationship to Child

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public-Name

Notary Public-Signature

Expiration Date